



**BANK USE: 12 11 27103 4911**

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

Telephone: 410.841.5862

www.mda.maryland.gov

**REQUEST FOR INITIAL VETERINARY LICENSE APPLICATION**

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

(Maiden Name, if applicable)

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(Note: An application for licensure will be sent to the above e-mail address.)

Last 5 digits of veterinarian's Social Security Number: \_\_\_\_\_

**A check or money order in the amount of \$225.00 shall be made payable to Maryland Department of Agriculture. Include your name in the memo section of a check.**

Mail this form and your payment to: Maryland Department of Agriculture  
P.O. Box 17304  
Baltimore, MD 21297-1304

*VetLicAppRequFrm*